


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # 596074

1. Entity Name
IMPERIAL NURSERY, INC.



Principal Place of Business Mailing Address

**13190 NW 186 ST.
HIALEAH, FL 33015** **3528 W 14TH LANE
HIALEAH, FL 33012-1724**

DO NOT WRITE IN THIS SPACE



02232006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-1865422 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROUCO, JOSE L.
3528 W 14TH LANE
HIALEAH, FL 33012**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	ROUCO, JOSE L
STREET ADDRESS	3528 W 14TH LANE
CITY-ST-ZIP	HIALEAH, FL 00000, --
TITLE	PD
NAME	ROUCO, JUAN M
STREET ADDRESS	520 W 56TH STREET
CITY-ST-ZIP	HIALEAH, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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1100001458978
03/18/06-80008-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jose L. Rouco **Jose L. Rouco Sec.** 3/6/06 (305) 822-3970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #